

MISSOURI ADULT EDUCATION AND LITERACY DATA QUALITY ASSURANCE FORM

PROGRAM NAME: _____

DATE: _____

Instructions:

- Please burn a copy of your ACES.mdb database and mail it to the state office. It must arrive in the state office on or before July 31.

My signature below is acknowledgment that the data on the enclosed CD accurately represents enrollments, assessments, and exits for our program for Fiscal Year ____.

Director's Signature _____.